

Getting Ready for your **Electronic Healthcare Record System (EHRs)** and DMH LA County's IBHIS 2007

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We get you through it!
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Sahara Management Solutions, Inc.

Helping Behavioral Healthcare organizations ...

- Navigate through the complexities of the numerous Electronic Health Record System (EHR-S) products available
- Understand total first year and long term costs & savings
- Make key decisions, including the build versus buy and host versus ASP decisions
- Select and acquire the best product for your organization
- Project Manage the entire project, from install to production

Offering services for ...

- EHR-S Technology Selection, Acquisition, & Implementation
- Business and Reporting Process Improvement & Re-Engineering
- Project Management & Project Management Office Set-up (PMO)
- Technology Training & Curriculum Development

Agenda

- ❖ How should we prepare our network for an EHR-S?
- ❖ What does the IBHIS announcement mean to us?
- ❖ What is an EHR-S and why do we need one?
What are our alternatives?
- ❖ What should we consider when selecting an EHR-S
or an alternative?
- ❖ Can we pool our resources across agencies? How?
- ❖ What can we do NOW to prepare?
- ❖ Prepare your data for an EHR-S &
Become a Data Driven Organization
- ❖ Questions?

How should we prepare our network?

Bring in a reputable IT firm to assess your network and PCs

- ❖ Have them assess your network & PC's for:
 - ❖ Security
 - ❖ Stability & Reliability
 - ❖ Internet connectivity and available bandwidth
- ❖ Ask them to help set standards for your:
 - ❖ Hardware
 - ❖ Software: operating system, IT & user applications
 - ❖ Data Security

What does IBHIS mean for us?

By 2009, you need a system or a clearinghouse to:

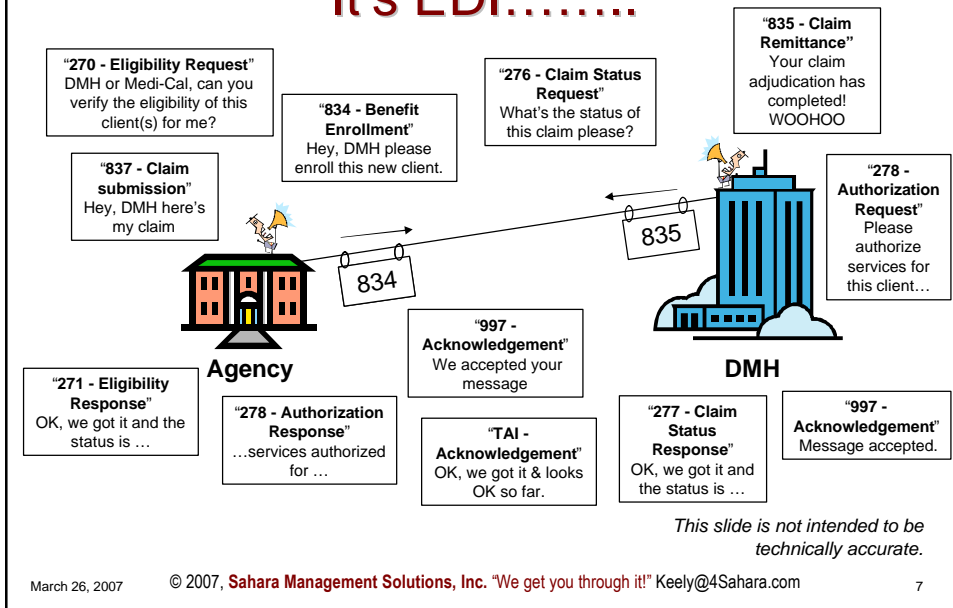
1. Submit HIPAA compliant claims via 837 EDI transactions (and likely also 270, 276, 278, 834's) and the ability to receive & process the 835 responses (and likely also 271, 277, 278, TAI, 864, 997's)
2. Submit HL7 messages to establish clients and open episodes of care
3. Exchange clinical information using XML

Also: Employ technical staff with the ability to manipulate raw data extracts, build reports, run queries, and analyze the results

In other words, you need

1. A Database (Db) to capture...
 - Opening data for clients/episodes
 - Billing/claims data
 - Clinical data, e.g. outcomes
2. An EDI transaction "maker" i.e. translator (ASC.12, HL7, and XML) to create the records in the appropriate format
3. An integrated report writer

What language are they speaking? It's EDI.....



270 Eligibility Request, Sample

```
ISA*00*AUTHORIZAT*00*SECURITY I*ZZ*000009620000000*ZZ*000000010000000*051026*2054*U*00401(truncated)-
GS*HS*00000962*00000001*20051026*205438*123456789*X*004010X092A1~
ST*270*000000048~
BHT*0022*13*003809000001*20051026*2054~
HL*1*20*1~
NM1*PR*2* LAC DEPARTMENT OF MENTAL HEALTH*****FI*953893470~
HL*2*1*21*1~
NM1*1P*2*GET WELL MENTAL HEALTH CLINIC*****SV*611~
REF*4A*611~
REF*EO*9899~
N3*2314 GRAND BLVD~
N4*LOS ANGELES*CA*90020~
-----
HL*3*2*22*0~
TRN*1*JJ034374700001*952542721~
NM1*IL*1*JOHN*DOE*****MI*8082530~
REF*NQ*95086610D~
DMG*D8*19950501*M~
EQ*30~
DTP*435*D8*20051004~
-----
(truncated)
```

This example illustrates a 270 eligibility inquiry for an John Doe by the Well Mental Health Clinic

OK, so when do we need to “speak” EDI?

*Your organization needs to establish a means of creating “DMH-LA compliant” EDI transactions **to begin LA EDI certification in 2009***

- EDI IBHIS Certification process – 2009
 - can take 2-4 months for first time certification with DMH-LA, 10 days for a previously certified vendor
- Production EDI to IBHIS begins – 2009

What is an EHR-S and why do we need one?

An EHR-“S” is an electronic patient charting “system” that typically includes:

- ❖ Electronic scheduling (some with billing rule integration)
- ❖ Referral tracking
- ❖ Electronic charts, including Notes & Assessments
- ❖ Tiered user access controls (some by user roles, teams etc.)
- ❖ Structured treatment planning (some with libraries)
- ❖ Medication tracking (some with prescription support)
- ❖ Automated claims processing, with payor rules
- ❖ Outcomes tracking and reporting
- ❖ An integrated report writer and standard reports
- ❖ Paperwork and cycle date tracking
- ❖ Workflow assistance (some with co-signature workflow)
- ❖ Alerts and reminders
- ❖ EDI Translator (likely a custom feature for DMH-LA)

EHR-S Benefits

A comprehensive EHR-S can ensure the financial viability of your Behavioral Healthcare organization by avoiding delays, mistakes, misunderstandings, and misplaced information, thereby improving costs, revenues, and quality of services you deliver. It will, therefore, enable you to incrementally improve your workflows by enabling a continuous process improvement methodology into administrative, clinical, and financial areas.

An EHR-S will help you automate and:

- Document & process client, claim, and outcome data
- Enable proactive alerts, reminders, and workflow guidelines
- Identify, prioritize, and assign claim, denial, and appeal follow-up tasks
- Create claim, denial prevention, and audit compliance rules to detect and avoid revenue issues and delays
- Provide accurate and timely reports to identify problems and risks

What are our alternatives to an EHR-S?

- A. Engage a third party service bureau, i.e., Clearinghouse, which collects your DMH transactions, translates them into EDI transactions, encrypts them, and transmits them to DMH for you. (a last resort, short-term alternative)
- B. Or... Build your own Simple, Centralized, Custom data collection database and EDI translator. Continue with a centralized data entry department to enter all required data into your own database and then run the EDI Translator to create the EDI transactions, encrypts them, and transmit them to DMH. (not recommended)
- C. Or... Build your own Scalable, Decentralized, Custom data collection database with an appropriate user interface for clinicians, and build an EDI translator. Train clinicians to enter all required data into your own database and then have billing staff run the EDI Translator to create the EDI transactions, encrypts them, and transmit them to DMH. (not recommended)

A Clearinghouse?

- ❖ Secure web-based claims data entry system
- ❖ Claims entered are processed and submitted to the Payer
- ❖ Online access to data/reports for status of claims
- ❖ Claims processing and EDI are standard services
- ❖ Clinical data (*openings and outcomes*) may be custom.
- ❖ Average costs per claim transaction: \$0.25 - \$0.35 (flat rates also)

Considerations: Cost, control, reliability, and reporting. IS THIS ON THE PATH TOWARD YOUR STRATEGIC TECHNOLOGY & OPERATIONS PLAN?

Recommendation: This should be a last resort for most agencies and a possible interim plan for those whose EHR-S will be late. This may be a good strategy for agencies with a handful of providers and DMH contract services.

Build our own Database?

Considerations:

- Is this on the path to implementing our **long term** strategy? What will it cost? Will there be a **return on our investment**?
- Who will oversee the **design**? Who will project manage it to assure success? Who will test it?
- Who will **design** this effectively for DDE? For **Clinicians**? Who will develop the EDI translator?
- Will it scale, i.e. handle our data and DDE users as we grow?
- Who will **support** our **Clinicians** and users? Administer the Db? Make enhancements/changes? What if they leave? What if it doesn't work well? Will we be dependent on the developers for data & reporting?
- Who will develop the **training** materials and train the users?
- Do we have the IT infrastructure to support a software development & testing environment? Will this improve our clinical or billing operations? Improve services to our clients? Reduce our costs?

What is your Strategic Plan: an EHR-S?

Just imagine.....

- ❖ Referrals and intakes are complete & documented on a PC
 - all required information fields are in red
 - intake staff enter all mandatory data because they are alerted
 - you run a quick query and see all audit required data not yet in a chart(s)
- ❖ Wait lists are stored & managed electronically
 - you can review them at anytime and create reports showing trends
- ❖ Client appointments are scheduled online with a few clicks
 - you can review any provider's schedule at anytime, or by client
 - you know how many no-shows you have had by month
 - you always know what the agency's current productivity is overall and by provider/program
 - you can assign new clients to providers based on real-time case loads
- ❖ You always have the report you need, when you need it, and how you need it

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What is your Strategic Plan: an EHR-S?

Just imagine.....

- ❖ Progress Notes are all electronic
 - and automatically routed to the Supervisor for co-signature and to billing
 - you can see how many Progress Notes are due, coming due, overdue
- ❖ The system knows your Payor's rules
 - alerts providers and billing staff for missing and incorrect data before processing the claim
 - billing staff spend their time dealing with the few exceptions
 - no more double data entry and shuffling Progress Notes back and forth
 - your denial rates are extremely low, you know the status of every claim
 - you are warned when claims have been in a particular status for too long
- ❖ You can automatically verify Medi-Cal eligibility in batches
 - you receive a report that shows you any eligibility changes
 - even better, the client's record is automatically updated in your EHR-S and reprocessed retroactively.

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What changes must we prepare for?

- ❖ Your IT network and PC's are critical, and must be reliable, stable, secure, and available ALWAYS!
- ❖ Define your Legal e-Health Record (L-EHR) & policies
- ❖ Determine your e-Signature workflow
- ❖ Determine your approach to e-Audits
- ❖ Printing & document destruction policies
- ❖ Community based clinicians & transcribers need secure system access
- ❖ Training electronically, PC lab
- ❖ Hiring policies, must have PC skills
- ❖ New roles, e.g. database administration, scanning/attaching docs, merging duplicate records
- ❖ Create a Health Information Management (HIM) team (experts on the EHR-S, the data in it, and the use of e-Data in a clinical environment)

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Define your Legal e-Health Record (L-EHR)

- ❖ The L-EHR is a subset of the entire patient database:
 - was created in the ordinary course of business
 - supports decisions made in a patient's care
 - supports the revenue reimbursement claims to payers
 - documents the services provided as legal testimony
- ❖ You should create an L-EHR matrix that defines each data element you intend to include and consider all sources of data, e.g. alert pop-ups, scanned docs, etc.
- ❖ You should document your L-EHR policies and procedures, including data copying, destruction, and alteration procedures.

Source: CIMH 2007, Jill Burrington-Brown, MS, RHIA, FAHIMA

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What is an Electronic Signature (exactly)?

1. A Graphical Representation:
 - Picture of your signature
 2. A Computer Code Signature
 - User ID plus password
 3. Digital Signatures
 - A type of cryptography using two algorithms: one for signing and one for verifying or decoding
- ❖ Joint Commission: Authenticated “by written signatures or initials, by rubber stamp, or computer key.”
 - ❖ CMS (CFR 482.24): “authentication may include signatures, written initials, or computer entry”.
 - ❖ HIPAA: originally, but not ultimately addressed
 - ❖ State Laws: Vary widely

Source: CIMH 2007, Jill Burrington-Brown, MS, RHIA, FAHIMA

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California e-Signature Status

- ❖ Medi-Cal auditors still asking for handwritten signatures on printed e-Forms, however a few successful e-Audits going on
- ❖ DMH is working to enable e-Audits and 100% Electronic Records
- ❖ An Information Notice has been drafted and must go through the Deputy Directors and regulation process, coming out for comments
- ❖ Guidelines in the Information Notice include:
 - Unique to the individual
 - Providers must sign an annual agreement to secure their e-Signature
 - Must meet the CCHIT security standards (see Useful Links doc; vendor must be certified or ED must certify)
 - For Patient signatures – keeping very low tech. e.g. scan of signed paper document, signature pad capture, biometrics/fingerprint scans, passwords or PINs, etc.

Source: CIMH 2007, Gary Renslo, Chief of Information Technology, California DMH

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Electronic Signature Agreement

ELECTRONIC SIGNATURE AGREEMENT

DRAFT

This Agreement governs the rights, duties, and responsibilities in the use of an electronic signature in _____ County. The undersigned (I) understands that this agreement describes my obligations to protect my electronic signature, and to notify appropriate authorities if it is stolen, lost, compromised, unaccounted for, or destroyed. I agree to the following terms and conditions:

I agree that my electronic signature will be valid for one year from date of issuance. I will be notified and given the opportunity to renew my electronic signature each year prior to its expiration. The terms of this Agreement shall apply to each such renewal.

I will use my electronic signature to establish my identity and sign electronic documents and forms. I am solely responsible for protecting my electronic signature. If I suspect or discover that my electronic signature has been stolen, lost, used by an unauthorized party, or otherwise compromised, then I will immediately notify _____ and _____



Microsoft Word
Document

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Technologies

❖ Public Key Cryptography Encryption

➤ 6 Public Key Infrastructure (PKI) providers certified

- Entrust
- Verisign
- GeoTrust
- Digicert
- AuthentiDate
- Thawte

❖ Signature Dynamics – no providers certified

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E-Signature Implementation Considerations

❖ Version Control

- Display prior to authentication
- Displaying earlier versions
- Sending courtesy copies
- Editing a signed document

❖ Implementation Approach

- Phased or all at once?

Source: CIMH 2007, Jill Burrington-Brown, MS, RHIA, FAHIMA

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What to consider when selecting an EHR-S?

❖ Company

- Size
- Market presence/focus
- Funding, Revenue, # of customers
- LA/DMH experience

❖ Support

- Development, testing & deployment practices
- Staffing, hours of operation, time zones
- Service Level Agreements (SLA) and historical data/trends
- Customer references
- ASP vs. Self hosting support

❖ Product

- Functionality (in box vs. custom)
- Std. Payer data, reports, and rules
- Usability
- Flexibility, Agency definability
- Development plans/scheduler

❖ Platform/architecture

- Application
- Database
- Client

❖ Price

- Payment options
- First year versus ongoing costs
- 5 year total costs

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Who are the EHR-S Vendors in LA?

- ❖ Anasazi Software, AZ
 - ❖ Askesis Development Group, PA
 - ☒ Clinivate, CA
 - ✓ Defran Systems, NY
 - ☒ The Echo Group, NH
 - ☒ Exym, CA
 - ✓ Harmony Information Systems, VA
 - ☒ Netsmart, NY
 - ❖ Raintree Systems, CA
 - ✓ SeginusMD, CT
 - ✓ Sequest Technologies, IL
 - ✓ Sigmund NY
 - ✓ UNI/CARE Systems, FL
 - ✓ Welligent, VA
- ❖ With California customers
- ✓ With LA County customers
- ☒ EDI production with LADMH

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How long will it take? (*man-months*)

- » Selection: 3-4 months
 - » Contract: 2-3 months
 - » Planning: 2-2 months
 - » Training/Configuration: 2-5 months
 - » Testing/Fixes: 2-4 months
 - » Training, Pilot, Launch: 4-6 months

15 – 24 months, optimistic

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Can we pool our resources across agencies?

- ❖ A Consortium: *is an association of two or more individuals, companies, or organizations with the objective of participating in a common activity or pooling their resources for achieving a common goal.*
- ❖ The resources to consider sharing across agencies are:
 1. EHR-S selection costs
 2. EHR-S legal contracting costs, e.g. Model Agreement
 3. Hardware & infrastructure software
 4. Infrastructure/IT support
 5. EHR-S License Fees
 6. EHR-S Implementation costs
- ❖ You will need to form or leverage an existing organization of some type, such as a corporation, a trade group, or a partnership/joint venture
- ❖ You need a lead agency, an attorney, and a facilitator/project manager

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Steps & Considerations to pool resources

1. Make some preliminary decisions, develop a comprehensive budget and funding plan
2. Collaborate on the Selection
 - Hire an experienced industry EHR-S consultant to lead Workshops
 - Allocate dedicated staff/team to complete homework assignments
 - You will need to complete your own selection analysis
3. Purchase a standard EHR-S Model Agreement
 - Will you be licensing an ASP solution? A low-end or high-end product?
4. Based on the results, determine who might make a likely "consortium" and form one or more organizations
 - Can you agree to implement one product for all agencies? One configuration? Consensus decision making?
 - Organization may purchase hardware & infrastructure software together
 - Potential to leverage infrastructure/IT support
 - One EHR-S License Agreement, will require one configuration and ASP hosting
 - Share EHR-S Implementation costs

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What do we need from DMH and others?

- ❖ DMH interface specifications
 - EDI claims and benefits transactions specifications (835/837, 834)
 - COS and other non-standard service claims transactions specifications
 - Other interface specs: Medication authorizations (PATS), AB34, etc.
- ❖ DMH and auditor options, policies:
 - Recommended electronic audit procedures
 - Electronic vs. hardcopy signature policies
- ❖ A viable Clearinghouse partner list
- ❖ A list of EDI certified EHR-s vendors
- ❖ A list of certified EDI translator developers
- ❖ Claim reimbursements that reconcile to individual claims
- ❖ Ability/process to clean-up IS data prior to conversion
- ❖ Access to ALL IS data for download

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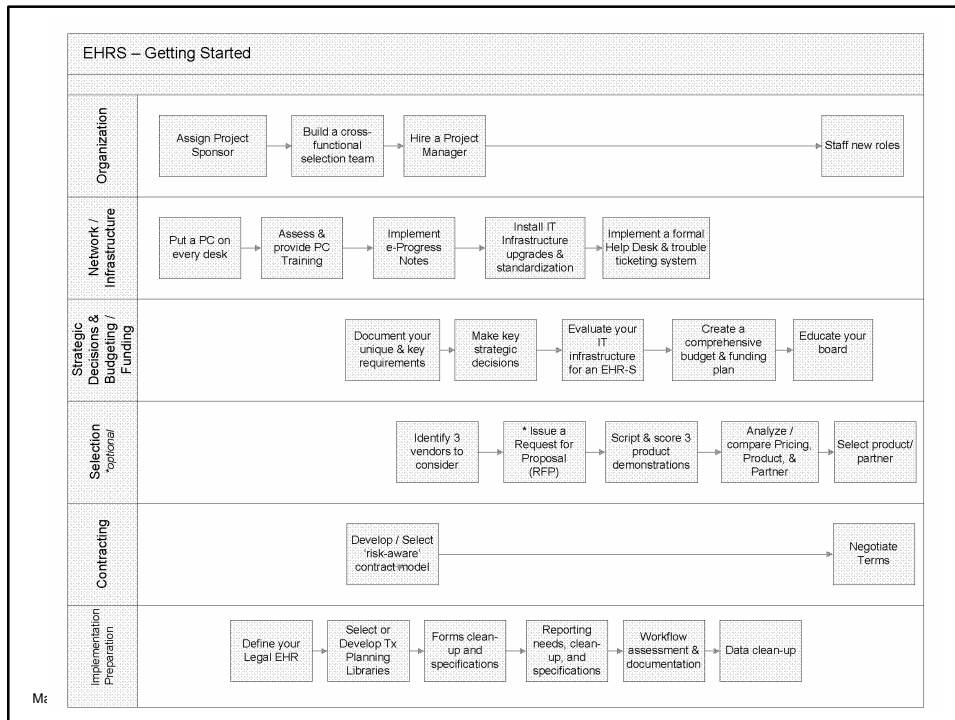
What can you do NOW to begin?

- ❖ Organize your resources
- ❖ Assess your network & IT infrastructure
- ❖ Start the planning & selection process
- ❖ Select/develop your contract model
- ❖ Begin the implementation preparation

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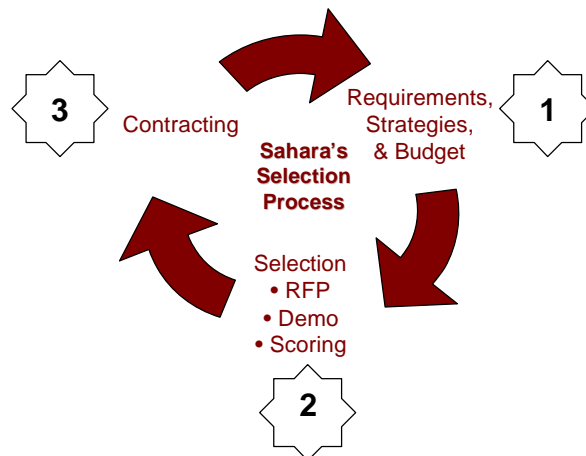
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How Keely/Sahara can help ...

Structured, Facilitated Process





Requirements & Strategies >> \$Budget\$

Keely/Sahara can help you develop a comprehensive EHR\$ budget.

- ❖ Document your unique Requirements
- ❖ Facilitate key selection Decisions
- ❖ IT Infrastructure Assessment
- ❖ Create a comprehensive cash flow Budget

A Comprehensive EHR-S Budget includes...

- | | |
|---|--|
| <ul style="list-style-type: none">❖ Software<ul style="list-style-type: none">➢ EHR-S and related s/w➢ Infrastructure s/w❖ Hardware<ul style="list-style-type: none">➢ PC's, laptops, printers➢ Servers, network➢ Facilities❖ Maintenance & Support❖ Staffing❖ Cash Flow projections | <ul style="list-style-type: none">❖ Services<ul style="list-style-type: none">➢ Project Management➢ Installation➢ Training➢ Implementation➢ Conversion➢ Customization➢ Reports➢ Forms➢ Testing➢ Legal |
|---|--|

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Selection (Product, Partner, Pricing)

Keely/Sahara can help you narrow down the products/vendors to the best 3 product/vendors for your agency, then assist you to select your EHRs.

- ❖ Narrow Down appropriate vendors to consider
- ❖ * Issue a Request for Proposal (RFP)
- ❖ Script/facilitate product Demonstrations & scoring
- ❖ Analyze & compare pricing, product, & company data
- ❖ Facilitate final vendor/partner Selection

** RFP Not required in Limited & Directed Approach*

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Contract

Keely/Sahara can help you and your attorney develop a fair and comprehensive EHRs contract.

- ❖ *Develop 'Risk-Aware' Contract
 - Document Key Requirement Exhibits
 - Review Contract for key risk items
 - Negotiation assistance

** Engagement of Experienced Legal Counsel is required for contract development and negotiation.*

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What customer's are saying about us ...

"Thanks for providing your system selection process, implementation expertise and skills to the Los Angeles Child Guidance Clinic. Your leadership in project management has kept us focused and ensured the best use of our time."

Elizabeth W. Pfromm, MS, MPA, Executive Director
Los Angeles Child Guidance Clinic

"Keely McGeehan (Sahara Management Solutions, Inc.) is a powerful partner to have in assessing and developing strategies to successfully navigate the myriad of critical issues when selecting and implementing information technology and application solutions."

James J. Balla, MBA, President & CEO
Portals House Inc.

"Sahara helped us navigate what was otherwise a murky and confusing terrain. I wouldn't hesitate in recommending Keely to anyone!"

Tiffany Rodriguez, LMFT, Clinical Programs Dir.
The Guidance Center, Long Beach

"In addition to a broad range of detailed technical knowledge, Keely brings solid "hands-on" project management skills to the job; actively organizing all of the key players and effectively manages the entire project."

David K. Slay, Ph.D., Executive Director
The Guidance Center, Long Beach

"Sahara has provided us with an abundance of support, guidance and tools. We continue to use Sahara for a variety of projects."

Tamar Stary, Project Manager
Didi Hirsch C.M.H.C.

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Sahara Leadership

Sahara Management Solutions, Inc. is led by its Founder, Keely McGeehan, an outstanding Project Manager and Technology Consultant with over 20 years of experience in software implementation and business operations. Keely is known for her expertise in the selection and implementation of Behavioral Healthcare systems. She takes a practical approach to integrating the clinical work process and the payor requirements, with the best and most cost effective technology solutions.

Prior to founding Sahara, Keely held senior operations positions running high-tech and consumer service organizations, such as AT&T, Xerox Corporation, Candle Corporation, and PacketVideo. Each of these involved selecting and implementing software solutions to sustain and improve operational performance, financial results, and customer service. Keely takes great pride in enabling success and her customers continue to reap the rewards of her structured approach to technology implementation and business performance.

Keely holds a Bachelor degree in Computer Science and Mathematics, as well as certifications from the USC Marshall School of Business in Advanced Telecommunications Management, from Smith College in Executive Management, and from Xerox Corporation in Total Quality Management and Systems Sales. Keely has also been recognized in Who's Who in Technology by the Los Angeles Business Journal.